

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90064 009 \*\*\*\*61.25

**DOCUMENT # N00000007268**



1. Entity Name  
**RUM ISLAND CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business  
**8139 CARMONA ST.  
NAVARRE, FL 32566**

Mailing Address  
**PO BOX 2259  
FT WALTON BEACH, FL 32549**

**60017468**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-3693223**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RISALVATO, THOMAS J  
348 SW MIRACLE STRIP PARKWAY  
FT WALTON BEACH, FL 32548**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>PATRELLE, JOSEPH</b>	
STREET ADDRESS	<b>1409 HWY 98 W #302</b>	
CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>BUCKNER, BO</b>	
STREET ADDRESS	<b>1409 HWY 98 W #201</b>	
CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	<b>NEWBILL, TONYA</b>	
STREET ADDRESS	<b>1409 HWY 98 W #101</b>	
CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>	
TITLE	<b>PATRELLE JOSEPH</b>	<input type="checkbox"/> Delete
NAME	<b>FL 32569</b>	
STREET ADDRESS	<b>1409 HWY 98 W #302</b>	
CITY-ST-ZIP	<b>MARY ESTHER</b>	
TITLE	<b>BUCKNER BO</b>	<input type="checkbox"/> Delete
NAME	<b>FL 32569</b>	
STREET ADDRESS	<b>1409 HWY 98 W #201</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL 32569</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-11-06 850-243-521**